

Knight Counseling and Consultation Solutions LLC DBA Mosaic Wellness  
2406 Kanawha Blvd. East  
Charleston, WV 25311  
304-539-0342

## **NOTICE OF PRIVACY PRACTICES**

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **I. OUR RESPONSIBILITY:**

Knight Counseling and Consultation Solutions, LLC (“we” “us” “our” or “Knight”) understands that health information about you and your health care is personal. We are likewise committed to protecting your health information. This Notice of Privacy Practices (“Notice”) applies to all of the health records of your care generated by us. This Notice will tell you about the ways in which Knight may use and disclose health information about you. It also describes your rights to health information, and describes certain obligations Knight has regarding the use and disclosure of your health information.

Knight is required by law to maintain the privacy of your health information and to provide you with notice of our legal duties and privacy practices with respect to health information. We are required to abide by the terms of this Notice. If there is a breach of unsecured health information concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.

Knight reserves the right to change this Notice at any time. Any new Notice will be effective for health information that we maintain at that time. Knight will provide you with a copy of any revised notice by posting a copy to our website, sending a copy in the mail upon request, or providing one to you at your next appointment.

### **II. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION:**

After you have read this Notice, you will be asked to sign a separate form to consent to treatment and the use and exchange of your health information. For the most part, your health information will be used to provide treatment to you, to arrange for payment for our services, or to allow us to conduct other business functions called health care operations.

**For Treatment:** Your health information may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. For example, if a clinician were to consult with another licensed health care provider about your condition, we may use and disclose your health information in order to assist the clinician in diagnosis and treatment of your mental health condition.

**Payment:** We may use and disclose your health information so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities.

**Health Care Operations:** We may use or disclose, as needed, your health information in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your health information with third parties that perform various business activities (e.g., scanning documents) provided we have a written contract with the business that requires it to safeguard the privacy of your health information.

### **III. USES AND DISCLOSURES OF HEALTH INFORMATION WITHOUT AUTHORIZATION.**

Subject to certain limitations in the law, Knight can use and disclose your health information without your authorization for the following reasons:

1. As required by law;
2. For public health activities;
3. Health oversight activities;
4. Reporting abuse, neglect, or domestic violence;
5. For judicial and administrative proceedings;
6. For law enforcement purposes as required by law or in response to a subpoena;
7. To coroners or medical examiners;
8. For research purposes;
9. To prevent a serious threat to health or safety;
10. Specialized government functions;
11. To correctional institutions or law enforcement officials;
12. For workers' compensation purposes;
13. For emergency purposes;
14. Appointment reminders, treatment alternatives, and health related benefits and services;

15. Future communications pertaining to health-related information or community based initiatives Knight is participating in;
16. Disclosure of medical information of children, considered to be minors, to their parents or legal guardians, unless such disclosure is prohibited by law;
17. Disclosures to family, friends, or others involved in your medical care or who help pay for your care.

#### **IV. OTHER USES AND DISCLOSURES:**

Other uses and disclosures will only be made with your written authorization. You may revoke such authorization in writing unless Knight has acted in reliance on such prior authorization. Knight will not sell your health information nor will it use any of your health information in marketing or fundraising activities.

#### **V. POTENTIAL IMPACT OF MORE RESTRICTIVE LAWS:**

We will adhere to all applicable state and federal laws and regulations that provide additional privacy protections. We only will use or disclose psychotherapy notes, genetic testing information, or any substance abuse information as permitted by state and federal law or regulation.

#### **VI. YOU HAVE THE FOLLOWING RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION:**

1. The Right to Request a Restriction. You have the right to request a restriction on the use or disclosure of your health information we use or disclose about you for treatment, payment, or health care operations. *We are not required to agree to any restriction that you may request, except if you are requesting that we not use or disclose health information for payment of health care operations regarding services that were paid by you out of pocket in full.* You may request a restriction by contacting Knight in writing using the contact information provided on the first page of this Notice.

In your request, please tell us: (1) the health information you want to limit the disclosure of; and (2) how you want to limit our use and/or disclosure of the health information.

2. The Right to Receive Confidential Communications. You have the right to ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will accommodate reasonable requests.

3. The Right to See and Get Copies of Your Health Information. Other than “psychotherapy notes,” you have the right to get an electronic or paper copy of your medical record and other information that Knight has about you. We will provide you with a copy of your record, or a summary of it, if you agree to receive a summary, within 30 days of receiving your written request, and Knight may charge a reasonable, cost-based fee for doing so.
4. The Right to Get a List of the Disclosures. You have the right to request a list of instances in which Knight has disclosed your health information for purposes other than treatment, payment, or health care operations, or for which you provided Knight with an Authorization. Knight will respond to your request for an accounting of disclosures within 60 days of receiving your request. Knight will charge you a reasonable cost-based fee for each such request.
5. The Right to Correct or Update Your Health Information. If you believe that there is a mistake in your health information, or that a piece of important information is missing from your health information, you have the right to request that Knight correct the existing information or add the missing information. Knight may say “no” to your request, but Knight will tell you why in writing within 60 days of receiving your request.
6. The Right to Get a Paper or Electronic Copy of this Notice. You have the right get a paper copy of this Notice, and you have the right to get a copy of this Notice by e-mail. Even if you have agreed to receive this Notice via e-mail, you also have the right to request a paper copy of it.
7. The Right to Choose Someone to Act for You. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. Knight will make sure the person has the authority and can act for you before it takes any action.
8. The Right to File a Complaint. You can complain if you feel Knight has violated your rights by contacting us using the information on the top of page 1. You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to: Centralized Case Management Operations, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201, calling 877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/). We will not retaliate against you for filing a complaint.

**EFFECTIVE DATE OF THIS NOTICE:** \_\_\_\_\_ 1/22/2020 \_\_\_\_\_